Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

Type or print in ink

Date Stamp

CALIFORNIA FORM 410

For Official Use only

Statement Type

■ **Initial**
Not yet qualified ☐ or
2/20/2026
Date qualified as committee

☐ **Amendment**
List I.D. number:
_____
Date qualified as committee (If applicable)

☐ **Termination - See Part 5**
List I.D. number:
_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
form410@nmgovlaw.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
MARIN COUNTY	STATEWIDE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
ELLI ABDOLI

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY
JOEL AURORA

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
ROBERT BROWN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/03/2026 (DATE) By ELLI ABDOLI (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA	1488418

4. Type of Committee

Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			☐ Non-Partisan
			☐ Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
BANK OF MARIN	415-785-1565	

ADDRESS	CITY	STATE	ZIPCODE
	CORTE MADERA	CA	94925

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD ORMEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
PROHIBITS NEW STATE PERSONAL PROPERTY TAXES AND CERTAIN RETROACTIVE STATE TAXES. INITIATIVE CONSTITUTIONAL AMENDMENT. (25-0041A1.)	STATEWIDE	X	
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ **CITY Committee** ☐ **COUNTY Committee** ☐ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
BUILDING A BETTER CALIFORNIA	NON-PROFIT ORGANIZATION

STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		SAN RAFAEL	CA	94901

Small Contributor Committee ☐ _____ **Date qualified**

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By sigining the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditure in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

3123728-0

Memo Reference: TREASURER_EMAIL
form410@nmgovlaw.com

Memo Reference: BANK_AUTHORIZED
JOEL AURORA, DAVID LAZARUS